The diagnosis is made from the clinical symptoms described above, together with the discovery of influenza bacilli in the discharge from the infected parts. The bacilli are present in the sputum and nasal and conjunctival discharges; and may be obtained on swabs from the pharynx, tonsil, etc. They are delicate, short rods, two or three times as long as they are broad, with rounded ends, nonmotile and noncapsulated. They occur in pairs, chains, or clusters. Owing to their diminutive size, when occuring in pairs, they resemble diplococci. They lie chiefly between the cells, in the mucoid basement substance. They stain readily; a particularly satisfactory preparation is secured by staining about twelve minutes with fresh carbol-fuschin solution, with or without heating. Influenza bacilli decolorize by the Gramm method. Cultures may be obtained by spreading the infected material upon fresh blood, superposed upon slant agar. Human or pigeon blood is suitable for this purpose. In culture the colonies appear as minute, transparent, dewlike droplets. The colonies appear within twenty-four hours.

Differential Diagnosis: Endemic grippe may be differentiated from ordinary catarrhal bronchitis by (1) the history of exposure to grippe; (2) the more violent onset of grippe, with its attendant pronounced systemic disturbances; (3) the disproportion of the symptoms in grippe to physical signs of bronchial involvement; (4) the greater obstinacy of grippe; (5) the implication of other mucous surfaces, nasal, conjunctival, etc., in grippe; (6) the identification of influenza bacilli in grippe. From the early stage of measles grippe may be differentiated by (1) the history of exposure to cases of grippe or measles, or the prevalence of either of these diseases; (2) the different appearance of the pharyngeal and oral mucus membrane. In grippe there is diffuse redness of the tonsils and pharynx; in measles there is an eruption of discrete spots on the soft palate and buccal mucous membrane; (3) the eruption of the measles rash on the fourth day; (4) the identification of influenza bacilli. The differentiation of grippe from pertussis is at times exceedingly difficult. It depends upon (1) the history of exposure; existence of one or the other malady in the house or locality; (2) mode of onset. Marked fever, malaise, neuralgic pains speak for grippe and against pertussis. Prolonged continuation of paroxysmal cough without fever inclines to the diagnosis of whooping cough as opposed to grippe. The crowing inspiration characteristic of whooping cough is usually, but not always, absent in grippe. Grippe and whooping cough may co-exist. The differentiation of grippe from typhoid is ordinarily simple, the only point in which local endemic grippe resembles typhoid being in the prominence of fever in both. But the fever in grippe is essentially irregular, reaches its maximum within the first three or four days, and quickly subsides; while in typhoid the fever ascends regularly, takes longer to reach its maximum and descends deliberately. While the recognition of influenza bacilli in the mucous discharges, taken alone, does not warrant the diagnosis of grippe, their identification in the mucoid discharges of patients presenting grippe's clinical symptoms establishes it. On the other hand, a positive Widal reaction confirms the diagnosis of typhoid, although a negative reaction does not exclude it.

Prognosis: The individual attack of endemic grippe encountered in San Francisco terminates in recovery. But the child may harbor the germs for years and suffer repeated recurrences. In April, 1904, a I saw a three-year-old girl who was suffering with grippe; there have been recurrences each winter since then and the child at this time has an acute attack.

Treatment: There is no known specific. In the initial stage, if pharyngitis alone is present, sometimes a cure may be effected by swabbing with two to five per cent solution of silver nitrate. The patient should remain in bed as long as fever is present. Diet should be nourishing but not irritating; in infants it should be considerably reduced during the febrile stage. The bowels should be evacuated by a brisk purge in the beginning of the attack and should subsequently be kept free. For the headache and neuralgic pains the coal tar preparations are efficient remedies. For the nasopharyngitis spraying with mild, antiseptic alkaline solutions excels other modes of medication; an important function it performs is prevention of otitis by keeping the pharyngeal eustachian orifices clear. In many cases the iodides appear to act favorably in the early stages of grippal laryngitis and bronchitis. Later belladonna acts well in drying the secretions. Salol is valuable, especially when there is gastroenteric involvement.

Grippe as it occurs in San Francisco is identical with grippe of the Atlantic Coast and Europe in its etiology and pathology. There is, however, remarkable difference in the clinical manifestations; grippe in this vicinity presenting so comparatively little systemic disturbance that even at this time its endemic occurrence is not generally recognized nor its significance adequately appreciated.

OFFICERS OF THE UROLOGICAL ASSOCIATION.

At the meeting of the Pacific Coast Branch of the American Urological Association, on April 19, 1910, at Sacramento, California, the following members were elected to their respective offices: G. Sherman Peterkin, Seattle, president; R. L. Rigdon, San Francisco, vice-president; Louis Gross, San Francisco, secretary.

NEW AND NON-OFFICIAL REMEDIES.

Since March 1, the following articles have been accepted by the Council for New and Non-Official Remedies:

Carbosant (Heyden Chemical Works); Mammary Substance (Armour & Co.); Ovarian Substance, desiccated (Armour & Co.); Parotid Glands, desiccated (Armour & Co.); Spleen, desiccated (Armour & Co.); Thymus, desiccated (Armour & Co.).